

UNITED STATES HOUSE OF REPRESENTATIVES

Committee on Government Reform

Hearing on the Status of the District of Columbia's Mental Retardation and Developmental Disabilities Administration (MRDDA)

Testimony of

Holly Morrison
Vice President and Chief Administrative Officer
The Council on Quality and Leadership (CQL)
100 West Road, Suite 406
Towson, MD 21204
410.583.0060
hollylneb@aol.com

June 16, 2006

Mr. Chairman, members of the House Committee on Government Reform:

My name is Holly Morrison and I am Vice President and Chief Administrative Officer of CQL (the Council on Quality and Leadership).

CQL Background

Leading professional, provider, and advocacy organizations established CQL in 1969 as the standards setting organization for services for people with intellectual disabilities (mental retardation and other developmental disabilities). CQL remains a private, non profit organization incorporated in the District of Columbia.

QCL envisions a world of dignity, opportunity, and community inclusion for all people.

The Mission of CQL is to provide leadership for greater world-wide inclusion and quality of life for people with disabilities.

CQL is sponsored by the leading national organizations in the field of intellectual disabilities. These organizations are:

- The American Association on Mental Retardation
- ANCOR (American Network of Community Options and Resources)
- The Arc
- Autism Society of America
- Easter Seals
- Mosaic
- National Association of Qualified Mental Retardation Professionals
- SABE (Self Advocates Becoming Empowered)
- United Cerebral Palsy Association, Inc

CQL Today

Today, CQL is the internationally recognized leader in the definition, measurement, and improvement of the quality of life for people with intellectual disabilities and the people, organizations, and communities who support them.

CQL provides services and supports to government, private providers, and communities in the United States, Canada, Ireland, Australia, and New Zealand.

These international services include the following:

 Design, field testing, and implementation of quality of life measures for people with disabilities and best practice guidance for organizations and communities that provide services.

- Basic Assurances Certification (in areas of health, safety, welfare, and rights) for individual service providers and networks of providers;
- Quality Improvement training and consultation
- Program evaluation and independent third-party monitoring (using standards and measures as required by Federal Courts, US laws and regulations, state requirement, and community mandates)
- Certified Quality Analyst competency based curriculum, certification, and continuing support and consultation
- Person-centered quality of life measurement, monitoring, and evaluation.
- Accreditation program that encompasses over 200 organizations in the United States, Canada, Ireland, and Australia.

CQL Standards and Quality Measures

National organizations founded CQL as the standard setting body in the field of intellectual disabilities. CQL has revised and published successive editions of its standards on a continuous bases. (1971, 1973, 1978, 1984, 1989, 1991, 1993, 1997, 2000, 2005).

These standards have regularly been incorporated into federal and state litigation and legislation:

- CQL Standards were incorporated in the Federal Medicaid Intermediate Care Facility for the Mentally Retarded program in 1973, 1984, and 1988 standard and regulations revisions
- CQL Standards were incorporated in the historic 1973 Partlow (Wyatt v Stickney) decision
- The requirement of CQL standards has been included in Federal Court Settlements such as Lelsz v. Cavanaugh in Texas and Arc v. North Dakota. The Pratt Decree in the District of Columbia required compliance with CQL Habilitation standards.
- State licensing standards since the late 1990s have routinely included a requirement for person-centered quality of life planning and measurement modeled after CQL's editions of its *Personal Outcome Measures* published in 1993, 1997, 2000, and 2005.

CQL maintains the highest standards for its own standards and quality measures. Since 1991 CQL has led the world in the design and development of person focused measures of quality (quality as defined by people and families receiving services and supports).

CQL requires all quality review and measurement staff to demonstrate a minimum .85 level of interrater reliability in the use of its quality measures as a condition for employment and continued employment.

CQL has demonstrated the scientific validity and reliability of its measures in its publications in the peer-reviewed journals *Mental Retardation* and *International Review of Research in Mental Retardation*.

Performance Measurement and Quality Improvement

Organizational accountability and quality performance requires outcome based performance assessment. Basic assurances in the areas of health, safety, human security and legal rights require well defined performance expectations for staff.

CQL defines, measures, and improves organizational quality performance through person centered outcome measures. Quality performance is linked to facilitating the outcomes that are important to the individual, their family, friends, and community supports.

Organizations, staff, professionals, and families realize that each person is a unique sample of one -that each person has unique expectations for such important outcomes as best health, safety, respect, friendship, and employment.

Thus CQL and other leading national organizations in the field of intellectual disabilities define quality in terms of responsiveness to the individual in addition to compliance with regulations and organizational process.

This distinction between outcome measurement and compliance with process is particularly important for service systems operating under close public scrutiny, government reform initiatives, and court oversight.

Standards and organizational processes, policy, and procedure must facilitate outcomes. Public accountability, quality improvement, and fiscal responsibility require the measurement of outcomes.

Finally, clear definition of outcomes provides the necessary platform for staff training and board of director education for all service providers. Board of director orientation and staff training are necessary components for organizational accountability and performance improvement.

Compliance with standards and mandated processes provide uniform and routine performance requirements. But, compliance with standards may not result in personal outcome attainment or performance improvement. Organizations must measure personal outcome attainment and then constantly adjust standards and organizational processes to optimize outcomes.